

LEC MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

(7/2006)

III. PAYROLL DATA COLLECTION WORKSHEET

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Claiming Unit Name
DHS Contractor (Region)
Contract #

	0
	0
	0

Date
Contract year/quarter
Period of Service

0
0
0

A		B		
SALARIES (Objects 1000-2999):	Functions	BENEFITS (Objects 3000-3999):	Functions	Total Claiming Unit Salaries & Benefits
	1000-9999, excluding 2700 & 7000-7199		1000-9999, excluding 2700 & 7000-7199	
36 Total Non-Federally Funded Claiming Unit Salaries (b)		Total Non-Federally Funded Claiming Unit Benefits (b)		-
37 Less: Time Survey Participant (Employee) Salary Costs		Less: Time Survey Participant (Employee) Benefit Costs		
38 Less: Direct Charge Salary Costs		Less: Direct Charge Benefit Costs		
39 TO NON-MAA COST POOL (P.4, Line 44, Col. G)	-	TO NON-MAA COST POOL (P. 4, Line 45, Col. G)	-	
School Administration and General Administration	Functions	School Administration and General Administration	Functions	
	2700 & 7000-7199		2700 & 7000-7199	
40 Total Non-Federally Funded Claiming Unit Salaries (b)		Total Non-Federally Funded Claiming Unit Benefits (b)		-
41 Less: Time Survey Participant (Employee) Salary Costs		Less: Time Survey Participant (Employee) Benefit Costs		
42 Less: Direct Charge Salary Costs		Less: Direct Charge Benefit Costs		
43 TO ALLOCATED COST POOL (P. 4, Line 44, Col. H)	-	TO ALLOCATED COST POOL (P. 4, Line 45, Col. H)	-	-

(b) A summary general ledger report supporting amounts entered in these cells (Row 36, Column A & B and Row 40, Column A & B) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by DHS.